

STATE OF LOUISIANA  
CERTIFICATION OF VITAL RECORD

## CERTIFICATION OF DEATH

BIRTH NUMBER:

STATE FILE NUMBER: 2016-041-00163

5299049

<b>DECEDENT</b>	DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) PEYTON, LEE EDWARD		DATE OF BIRTH 01/20/1954	DATE OF DEATH 10/14/2016	TIME OF DEATH 07:52 AM
	PLACE OF BIRTH - (CITY, STATE, COUNTRY) NEW ORLEANS, LA UNITED STATES		SEX MALE	SOCIAL SECURITY NUMBER 436-94-9108	AGE 62 YEARS
	DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX):				
	RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 206 JEWEL ST. - APT/STE APT C, NEW ORLEANS, LA 70124 UNITED STATES			WITHIN CITY LIMITS? YES	PARISH/COUNTY ORLEANS
<b>PERSONAL</b>	EVER IN U.S. ARMED FORCES? YES		OCCUPATION POLICEMAN	INDUSTRY OF OCCUPATION NEW ORLEANS POLICE DEPARTMENT	
	MARITAL STATUS DIVORCED		NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, SUFFIX)		
	FATHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX) PEYTON, LEE BRAUGHN		FATHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY) NEW ORLEANS, LA UNITED STATES		
	MOTHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX) FRACHE, CATHERINE ANN		MOTHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY) NEW ORLEANS, LA UNITED STATES		
	INFORMANT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) PEYTON, EMILY		RELATIONSHIP TO DECEDENT DAUGHTER	INFORMANT'S ADDRESS 877 MOUTON ST., NEW ORLEANS, LA 70124 UNITED STATES	
	EDUCATION: HIGH SCHOOL GRADUATE, OR GED COMPLETED				
	OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO				
	RACE: WHITE				
<b>DEATH INFO</b>	PLACE OF DEATH DECEDENT'S HOME		FACILITY NAME		
	FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 206 JEWEL ST. - APT/STE APT C, NEW ORLEANS, LA 70124 UNITED STATES			PARISH/COUNTY ORLEANS	
<b>DISPOSITION</b>	METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION GARDEN OF MEMORIES		DATE OF DISPOSITION 10/21/2016
<b>FUNERAL FACILITY</b>	FUNERAL FACILITY NAME GREENWOOD FUNERAL HOME		ADDRESS OF FUNERAL FACILITY 5200 CANAL BLVD., NEW ORLEANS, LA 70124 UNITED STATES		
	NAME OF FUNERAL DIRECTOR (LAST, FIRST, MIDDLE, SUFFIX) GENTRY, ROBERT		LICENSE NUMBER E2053	CORONER NOTIFIED? Y	
	SIGNATURE OF FUNERAL DIRECTOR *e-sign*		DATE 12/21/2016		
<b>MEDICAL INFO</b>	MANNER OF DEATH IF FEMALE?		PENDING INVESTIGATION NOT APPLICABLE		
	DID TOBACCO USAGE CONTRIBUTE TO DEATH?		UNKNOWN		
<b>CAUSE OF DEATH</b>	PART I. Enter the chain of events -- diseases, injuries, or complications -- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				APPROXIMATE INTERVAL: Onset to Death
	IMMEDIATE CAUSE - (Final disease or condition resulting in death) a.				
	Sequentially list conditions, if any, leading to the cause listed on line a. b.				
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c.				
	d.				
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
	WAS AN AUTOPSY PERFORMED? YES		FINDINGS USED IN DETERMINING CAUSE? YES		
<b>INJURY INFORMATION</b>	PLACE OF INJURY	DATE OF INJURY	TIME OF INJURY	INJURY AT WORK	IF TRANSPORTATION INJURY, SPECIFY:
	LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) LA UNITED STATES				PARISH/COUNTY
	DESCRIBE HOW INJURY OCCURED				
<b>CERTIFIER</b>	I CERTIFY THIS 'CORONER CASE' BASED ON MY EXAMINATION OR INVESTIGATION AND, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.				
	SIGNATURE OF CERTIFIER: CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX) CERTIFIER TITLE: CORONER		*e-sign* ROUSE, JEFFREY C		DATE 10/31/2016
	CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 3001 EARHART BLVD., NEW ORLEANS, LA 70125 UNITED STATES				
	BURIAL TRANSIT PERMIT 191997	PARISH OF ISSUE ORLEANS	DATE OF ISSUE 10/18/2016	DATE FILED WITH REGISTRAR 12/21/2016	
<b>REGISTRAR</b>	SIGNATURE OF REGISTRAR DEVIN GEORGE *e-sign*				

ISSUED BY: Sims, Jeanette

Issued On: 12/29/2016 10:50:09 AM



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DO NOT ACCEPTI CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE  
OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF  
THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

  
DEVIN GEORGE  
STATE REGISTRAR